



Vendor Payment Form

NFIP Agent Co-Op Program

To receive payment all Agents, WYO Companies, and State Associations must submit a one-time only Vendor Payment Form. Fill out this form and submit it with your reimbursement documentation.

NOTE: 1099 Payee # / Corp. ID # required for payment to be processed. Failure to provide this information will result in a 31% tax withholding.

Vendor Information

Please print

Make Checks Payable to: _____

Remit to Address

Address _____

City _____ State _____ Zip _____

Telephone _____

Vendor Tax Information

Under what name and address do you file income tax information to the IRS?

☐ Check here if same as above.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Vendor Tax Identification

For the payee identified above, please check the appropriate designation and provide the corresponding information.

☐ Corporation

Corporate Federal ID # _____

☐ Sole Proprietorship

Social Security # _____

☐ Partnership

Owners' Names and Social Security #'s

Name _____ SSN _____

Name _____ SSN _____

Agent Signature

Date

J. Walter Thompson Use Only

Paying Entity _____ Vendor # _____ Entered Date _____